

5/19/2020

TO NJ DISTRICT COURT

JURY DEMAND

PLAINTIFF:

LENDERGH HOBSON, SHANEL HOBSON

27 Springvalley Blvd. Basking Ridge

NJ 07920

757 927 1711
VS

DEFENDANT:

DOUBLETREE SUITES BY HILTON, PHILADELPHIA WEST

640 FOUNTAIN RD, PLYMOUTH MEETING, PA, 19462

610 834-8300

COMPLAINT:

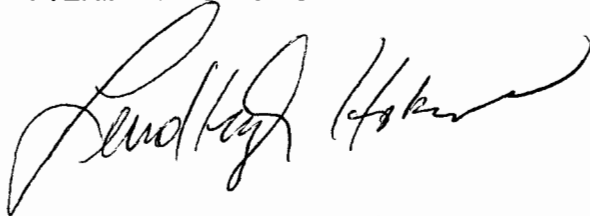
Lendergh and Shanel Hobson stayed at the Doubletree Suites on May 23, 2018 expecting descent, clean and safe service which was not provided.

The Defendant was Negligent of not providing clean and safe service.

See Attached.

Accept Demand \$25,000

I VERIFY THIS DOCUMENT AND ATTACHED

A handwritten signature in black ink, appearing to read "Lendergh Hobson", written in a cursive style.

Form A**Plaintiff or Filing Attorney Information:**Name Lendbergh Hobson, Shanel Hobson

NJ Attorney ID Number _____

Address 27 Springvalley BlvdBasking Ridge NJ 07920Telephone Number 757 927-1711

Superior Court of New Jersey

Division ☒ County

Part

Docket No: _____
(to be filled in by the court)

Civil Action

ComplaintLendbergh Hobson, Shanel Hobson,
Plaintiff,

v.

Doubletree Suites by Hilton, Philadelphia
West, 640 Fountain Rd, Plymouth Meeting PA 19462
Defendant(s).Plaintiff, Lendbergh Hobson, Shanel Hobson, residing at
(your name)27 Springvalley Blvd, City of Basking Ridge
(your address) (your city or town)County of Somerset County.
(your county)

State Of New Jersey, complaining of defendant, states as follows:

1. On May 23, 2018, Doubletree Suites by Hilton, Philadelphia, Defendant
(name of person being sued)

(Summarize what happened that resulted in your claim against the defendant. Use additional pages if necessary.)

I checked into Doubletree Suites expecting decent, clean and safe
service which was not provided.The defendant in this action resides at Philadelphia West 640 Fountain Rd
Plymouth Meeting PA 19462,
(defendant's address)In the County of ?, State of New Jersey.
(name of county where defendant lives)

2. Plaintiff is entitled to relief from defendant under the above facts.

Form A

3. The harm that occurred as a result of defendant's acts include: (list each item of damage and injury)

1. Bug Bites caused Bodily harm, Allergic Reaction, Anxiety, Nightmares, Nausea, loss of sleep
2. loss of Money, luggage + clothing
3. _____

Wherefore, plaintiff requests judgment against defendant for damages, together with attorney's fees, if applicable, costs of suit, and any other relief as the court may deem proper.

Dated: May 19, 2020 Signature: [Signature]

CERTIFICATION OF NO OTHER ACTIONS

I certify that the dispute about which I am suing is not the subject of any other action pending in any other court or a pending arbitration proceeding to the best of my knowledge and belief. Also, to the best of my knowledge and belief no other action or arbitration proceeding is contemplated. Further, other than the parties set forth in this complaint, I know of no other parties that should be made a part of this lawsuit. In addition, I recognize my continuing obligation to file and serve on all parties and the court an amended certification if there is a change in the facts stated in this original certification. except for my kids

Dated: May 19, 2020 Signature: [Signature]

OPTIONAL: If you would like to have a judge decide your case, do not include the following paragraph in your complaint. If you would prefer to have a jury to decide your case, please sign your name after the following paragraph.

JURY DEMAND

The plaintiff demands trial by a jury on all of the triable issues of this complaint, pursuant to New Jersey Court Rules 1:8-2(b) and 4:35-1(a).

Dated: May 19, 2020 Signature: [Signature]

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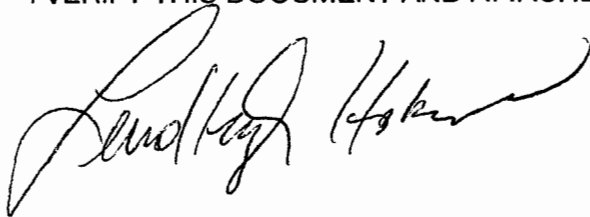
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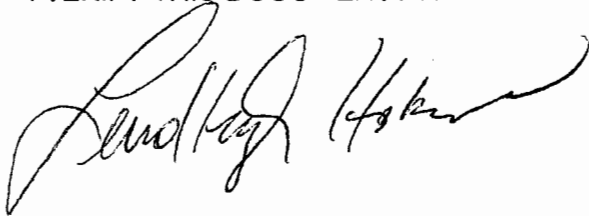
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